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## **MEDICAL EDUCATION AND THE NEEDS OF THE HEALTH SYSTEM IN BRAZIL**

Physicians from the Public Health Service in Brazil, as well as from the Private Health System, are no longer familiar with leprosy. With rare exceptions, clinicians can not diagnose, treat and interpret the common interurrences of leprosy, such as reactions. This is a repetition of what happened with other endemic diseases: squistosomiasis, Chagas' disease, visceral leishmaniasis, malaria, among others.

The profile of the physician that works in the basic health units is that of a misguided "general practitioner" who either has not had access to further training in a residency program; or is an specialist who works a few hours a week in public assistance, in general temporarily, for additional income. However, as the judge is the center to whom the judicial activities converge, the physician is the center of the health activities, thus, he should be qualified to deal with the complexity and variety of diseases commonly assisted in the basic public health units.

Receiving the Medical School Certificate at the end of a six-years period does not assure that a physician is qualified. There is in Brazil great freedom to found medical schools and build up a curriculum. Those who graduate from the best schools, in general the public ones, may overcome the lack of good opportunities provided by scarce residency programs. These newly graduated medical doctors become specialized, look for more profitable, prestigious and less stressful area to work, either in private clinics or with health care programs. The public money spent in their formal medical education does not pay back the investment as assistance to the population.

Fleury RN. Medical education and the needs of the health system in Brazil. *Hansen Int.* 2007; 32(2): 153-4.

Those recently graduated physicians who do not have access to residency programs, unless they have a sponsor, will constitute a group of unprepared professionals who will survive working for little qualified health care plans and in the basic public assistance. The society receives poor quality health assistance which also implies in low wages for the medical doctors. This situation becomes a vicious circle.

The solution for this distortion depends on political will associated with technical knowledge. When the government puts the public service under responsibility of tertiary attention, it rigorously demands quality of services and preservation of the public wealth by the concessionaries. In respect to medical education, the main role of schools should be to form general medical doctors capable of assisting patients from the clinical, pediatric, pre-natal care, gynecology, obstetrics and infectious diseases specialization. They should also be prepared to handle more common and less complex interurrences in the specialized areas. This is not utopia. In five years, based on a rational and not dispersive curriculum, appro-

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priate technical teaching and intensive practical activities, such medical doctor may be formed.

The uneven quality of courses offered by the medical schools in Brazil would need to undergo a thorough general and uniform evaluation in the end of the 5<sup>th</sup> year. The individual who did not meet the standards wouldn't get the certificate. An additional suggestion would be to have the 6<sup>th</sup> year students of the medical schools going through assistance in the basic health units for traineeship and also to pay back the public

money spent on their education.

It is necessary to create decent well-paid jobs in the medical field for those who eventually chose to continue working as general physicians. Is this expensive for the country? It is not, the cost of having good physicians becomes low. The other professional after competent formal general education would be free to look for specialization in other medical fields. They would be, for sure, better specialists!